

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between James L. Jennings, Grantor, and Michael D. Jennings and Susan J. Jennings, husband and wife, Grantees,


WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantees to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantees, as tenants by the entirety with full right of survivorship and not as tenants in common, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DeSoto, State of Mississippi, and more particularly described as follows, to-wit:

Lot 1199, Section F, Greenbrook Subdivision, situated in Section 19, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 9, Pages 46-47, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor herein took title to the aforementioned property with his wife, Phylis A. Jennings by virtue of warranty deed recorded in Deed Book 321, Page 741, in the Office of the Chancery Clerk of DeSoto County, Mississippi. The Grantors in that conveyance were Maurine D. Shaw and Judy L. Shaw, who were the only heirs at law of F.O. Shaw, as evidenced by Chancery Cause 92-462, filed in the Chancery Court of Marshall County, Mississippi (See Attached Exhibit A). Further, Phylis A. Jennings died on or about July 27, 1999 in Shelby County, Tennessee (See Attached Death Certificate - Exhibit B).

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MISSISSIPPI - DE SOTO CO. 

APR 25 11 49 AM '01


BK 391 88
V.C.T.

Grantor further covenants that this property contains no part of his homestead, and that his spouse, if any, need not join in this conveyance.

TO HAVE AND TO HOLD unto the Grantees, their heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.
- 3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

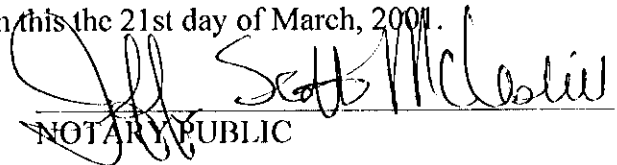
IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 21st day of March, 2001.


JAMES L. JENNINGS

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, James L. Jennings, who acknowledged that he signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

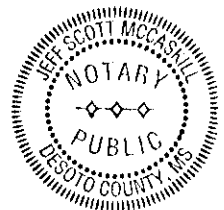
GIVEN under my hand and official seal on this the 21st day of March, 2001.


NOTARY PUBLIC

(SEAL)

My Commission Expires: 8/22/2001

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MY COMMISSION EXPIRES:
AUGUST 22, 2001

ADDRESS OF GRANTORS:

P.O. Box 1420

Byhalia, MS 38611-0000

Home:662-333-6874

Work:662-252-9428

ADDRESS OF GRANTEES:

314 Grovewood Cove

Southaven, MS 38671

Home:662-393-4063

Work: 901-942-7115

PREPARED BY AND RETURN TO:

HOLCOMB DUNBAR, P.A.

P. O. BOX 190

SOUTHAVEN, MS 38671-0190

(601) 349-0664

FILE# 801171/JSM

EXHIBIT

"A"

BK0391PG0091

IN THE CHANCERY COURT OF MARSHALL, MISSISSIPPI

IN THE MATTER OF THE ESTATE OF
FLAVIUS O. SHAW

CAUSE NO. 92-462

JUDY L. SHAW

PETITIONER

ORDER ALLOWING DISCHARGE OF ADMINISTRATRIX, ETC.

1.

That FLAVIUS O. SHAW died on March 9, 1991, and at the time of her death had a fixed place of residence in Marshall County, Mississippi, where she owned real and personal property.

2.

That the said Administratrix is the duly appointed, qualified and acting Administratrix of her estate pursuant to the provisions of the Order entered January 14, 1991.

3.

That as Administratrix herein the Petitioner herein gave proper notice to creditors of said estate by newspaper publication in the manner and for the time required by law, the first publication of said notice having been made in the edition of the The South Reporter published on November 19, 1992, said newspaper being a newspaper published and having a bona fide circulation in Marshall County, Mississippi; that proper proof of said publication has been made and duly filed herein; that the ninety (90) day period for the probate of claims against said estate has expired, that no claims were probated against said estate;

that the expenses of the Decedent's last illness and funeral have been paid in full and that the estate is not liable for any state or federal income taxes or estate taxes or fiduciary taxes. That the Petitioner is aware of no known or reasonably ascertainable creditors which may have a claim against the estate which have not been probated.

4.

That the Petitioner has fully and finally administered the Decedent's Estate and that there is no longer any necessity for continuing the administration of his estate and that the petitioner is entitled to be discharged from further duties and liabilities as such.

5.

That the Petitioner is aware of no possible claims which have not been probated, and has filed an affidavit herein stating that he has made reasonably diligent efforts to identify persons having an interest in and/or claims against the estate by giving notice to them by mail.

6.

That the only heirs at law of the deceased are:

1. Judy L. Shaw, daughter.
2. Maurine D. Shaw, widow.

7.

That the Petitioner and the attorney for the Petitioner are entitled to reasonable fees for services rendered in this cause.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED as follows, to-wit:

QJJ

and her Bondsmen

That the Petitioner and Administratrix, ~~be and they~~
~~are~~ fully and finally discharged from any further duties and
liabilities as such Administratrix and that the Decedent's
Estate be and is hereby finally closed.

Further, that the Petitioner is entitled to the sum
of \$ 300⁰⁰ for her services as Administratrix and Leslie
B. Shumake, Jr., is entitled to the sum of \$ 475⁰⁰ as
attorneys fees. That all costs of court and publication
fees are likewise to be paid by the Estate.

SO ORDERED AND ADJUDGED this the 23rd day of April,
1993.

Anthony J. Fause
CHANCELLOR

10
TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK0362PG07850055367

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
E HANDBOOK

77
DECEDENT

NR
CENSUS TRACT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

ICIAN OR MED
EXAMINER EX-
ING CERTIFICATE
COMPLETE AND
MEDICAL CERTIF-
21 WITHIN 48
IS

E INSTRUCTIONS
IN OTHER SIDE

CAUSE OF
DEATH

1. DECEDENT'S NAME (First, Middle, Last) Phyllis Ann JENNINGS				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) July 27, 1999	
4. SOCIAL SECURITY NUMBER (of Decedent) 432-68-1364		5a. AGE (Last BIRTHDAY (Month, Day, Year) 60		5b. UNDER 1 YEAR MO. DAY. HOUR. MIN. Aug 24, 1938		7. BIRTHPLACE (City and State or Foreign Country) Marie AR	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) St Francis				9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby	
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) James Jennings		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Machine Operator		12b. KIND OF BUSINESS/INDUSTRY Coor's Brewery	
13a. RESIDENCE-STATE MS		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Byhalia		13d. STREET AND NUMBER OR RURAL LOCATION 14925 Hwy 178 W	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38611		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE: American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12							
17. FATHER'S NAME (First, Middle, Last) James Roy Payne				18. MOTHER'S NAME (First, Middle, Maiden Surname) Ada Roxie Sexton			
19a. INFORMANT'S NAME (Type/Print) James Jennings				19b. RELATIONSHIP TO DECEDENT Husband		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14925 Hwy 178 W Byhalia MS 38611	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Red Banks Cemetery		20c. LOCATION-City or Town, State Red Banks MS			
21a. SIGNATURE OF FUNERAL DIRECTOR Larry Wray		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 178		21c. SIGNATURE OF EMBALMER Charles Bone		21d. LICENSE NUMBER OF EMBALMER 4359	
22a. NAME AND ADDRESS OF FUNERAL HOME Brantley Funeral Home P.O. Box 27069 Memphis TN 38187-0069				22b. LICENSE NUMBER OF FUNERAL HOME FE117			
23. REGISTRAR'S SIGNATURE Deputy				24. DATE FILED (Month, Day, Year) AUG 04 1999			
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN [Signature]				25b. LICENSE NUMBER MD04629		25c. DATE SIGNED (Month, Day, Year) 8-2-99	
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Rolando Leal, M.D. 1407 Union Ave Memphis TN 38104							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. metastatic lung cancer							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Enter significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				31d. DESCRIBE HOW INJURY OCCURRED			
31e. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

EXHIBIT

"B"

BIRTH NO.

RDA 1399

8/10